2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P97000040127 1. Entity Name 02-04-2004 90036 037 ***150 00 EXPERIENCED REAL ESTATE SERVICES P.A. Mailing Address Principal Place of Business 7777 GEORGEANN STREET 7777 GEORGEANN STREET **ユオハカカハアス**: WINTER PARK FL 32792-8917 WINTER PARK FL 32792-8917 2. Principal Place of Business 3. Mailing Address 7655 GEORGE ANN ST. 7655 GEORGE ANN ST. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State WINTER PARK 59-3441726 LINTER PARK. FL Not Applicable \$8.75 Additional 32792 5. Certificate of Status Desired ORANGE ORANGE Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERCINI, Thomas BERCINI, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 7777 GEORGEANN STREET STREET WINTER PARK FL 32792-8917 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE Addition Bercini Thomas W. 5TREET NAME BERCINI, THOMAS W NAME STREET ADDRESS 7777 GEORGEANN STREET STREET ADDRESS City-ST-ZIP WINTER PARK FL 32792-8917 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLÉ NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED